

SAN LUIS OBISPO COUNTY 2018 CAFETERIA BENEFIT AMOUNTS

Bargaining Unit	Association/ Union	Classifications	Monthly County Contribution
02	SLOCEA	TRADES, CRAFTS & SERVICES	\$ 695.95
01, 05, 13	SLOCEA	PUBLIC SERVICES, SUPERVISORY, CLERICAL	\$ 750.58
03, 21	DSA	LAW ENFORCEMENT	\$ 700.00
14	DSA	SUPERVISORY LAW ENFORCEMENT	\$ 775.00
06	DAIA	DA INVESTIGATORS	\$ 816.07
04	SLOGAU	GOVERNMENT ATTORNEYS	\$1,146.00
07-11 & 17	MGMT	OPERATIONS & STAFF, GENERAL MGMT. ELECTED OFFICIALS, CONFIDENTIAL, COUNTY SUPERVISORS	\$ 975.00
15	SLOCSMA	LAW ENFORCEMENT OPERATIONS & STAFF MGMT.	\$1,300.00
16	MGMT	LAW ENFORCEMENT MGMT.	\$ 975.00
12	DCCA	CONFIDENTIAL ATTORNEYS	\$1,146.00
22	DSA	DISPATCHERS	\$ 700.00
27	ASLOCDS	ASSOCIATION OF SLO COUNTY DEPUTY SHERIFFS	\$ 900.00
28	ASLOCDS	ASSOCIATION OF SLO COUNTY DEPUTY SHERIFFS SUPERVISORY	\$975.00
31	SLOCPPOA	PROBATION OFFICERS	\$ 991.00
		Employee + 1 or Employee + 2 coverage only	\$1,041.00
32	SLOCPPOA	PROBATION SUPERVISORY	\$1,058.00
		Employee + 1 or Employee + 2 coverage only	\$1,108.00

For opt out cash option see Association MOU or Benefits at a Glance

Dates For Grandfather Prorated Provision Of Cafeteria Benefits By Bargaining Unit

Bargaining Unit	Grandfathered if hired before	Bargaining Unit	Grandfathered if hired before
01, 05, 13 SLOCEA	12/14/04	02 SLOCEA	10/03/06
03, 22, 14 DSA	02/07/06	31, 32 Probation	02/28/05
06 DA Investigators	09/13/05	04, 07, 08, 09, 10, 11, 12 MGT	02/25/05
15, 16 Law Enforcement Mgt	No Agreement		

Special notice to Part-time Permanent Employees: Pro-rated cafeteria plan contribution based on hours worked, paid leave, and/or time off granted under Voluntary Time Off Program (VTO).

HEALTH PREMIUM RATES EFFECTIVE 1/1/2018

Plan/Coverage Type	Semi- Monthly Premium	Monthly Premium	Plan/Coverage Type	Semi-Monthly Premium	Monthly Premium
EIA Anthem Care			EIA Anthem Choice		
Employee Only	\$304.00	\$608.00	Employee Only	\$292.00	\$584.00
Employee + 1	\$602.00	\$1,204.00	Employee + 1	\$577.00	\$1,154.00
Family	\$785.50	\$1,571.00	Family	\$752.00	\$1,504.00
EIA Anthem Select			EIA Anthem Safety		
Employee Only	\$259.00	\$518.00	Employee Only	\$303.50	\$607.00
Employee + 1	\$511.50	\$1,023.00	Employee + 1	\$601.50	\$1,203.00
Family	\$667.00	\$1,334.00	Family	\$784.50	\$1,569.00
EIA Anthem EPO					
Employee Only	\$359.50	\$719.00			
Employee + 1	\$715.50	\$1,431.00			
Family	\$934.00	\$1,868.00			

VISION & DENTAL PREMIUM RATES EFFECTIVE 1/1/2018

Plan/Coverage Type	Semi-Monthly Premium	Monthly Premium	Plan/Coverage Type	Semi-Monthly Premium	Monthly Premium
Aetna Dental DMO			Delta Dental		
Employee Only	\$15.94	\$31.88	Employee Only	\$25.12	\$50.24
Employee + 1	\$26.36	\$52.72	Employee + 1	\$42.70	\$85.40
Family	\$38.94	\$77.88	Family	\$65.30	\$130.60
VSP Vision					
Employee Only	\$4.77	\$9.54			
Employee + 1	\$7.27	\$14.54			
Family	\$11.76	\$23.52			

The County contributes a fixed dollar amount toward employee medical, dental and vision premiums monthly which is called a cafeteria contribution. The monthly cafeteria amount is determined by your bargaining unit.

Benefit premiums and the associated Cafeteria contributions are accounted for on a semi-monthly basis or 24 times a year. The semi-monthly amount is the amount applied to and deducted from each paycheck. To complete the calculation below, please add the total cost of your medical, dental and vision premiums and subtract the cafeteria contribution.

If the cafeteria amount is greater than your selected premiums the remainder of the cafeteria is paid out in employee's paychecks. If the cafeteria amount is less than your monthly premiums the balance is the employee's responsibility.

Employees may waive medical insurance by providing proof of other group coverage which could be an insurance ID card or a proof of other coverage statement from the insurance carrier. Employees that opt out of medical insurance are not eligible for the monthly cafeteria contribution unless their MOU states otherwise. Please see the information regarding those grandfathered into the former cash-in-lieu policy on the first page.

CALCULATE YOUR OUT OF POCKET COST OR CASHOUT FOR TOTAL COVERAGE

	Semi-Monthly Premium	Monthly Premium
Medical +		
Dental +		
Vision		
= Subtotal		
- Cafeteria Contribution		
= Total		

	Semi-Monthly Premium	Monthly Premium
Medical +	\$304.00	\$608.00
Dental +	\$15.94	\$31.88
Vision	\$4.77	\$9.54
= Subtotal	\$324.71	\$649.42
- Cafeteria Contribution	-\$375.29	-\$750.58
= Total	\$50.58	\$101.16

Example: EIA Anthem Care Health (Employee Only), Aetna Dental (Employee Only), VSP Vision (Employee Only), BU 01 Cafeteria Contribution.